**Return Request Form**

All starred fields MUST be completed for return to be processed. All incomplete forms will be sent back to sender.

**Completed forms should be emailed to** [**Claims@GersonCompany.com**](mailto:claims@gersoncompany.com?subject=Return%20Request)

**For Claims Internal Use Only**

Completed by: Enter text Date: Date completed Return Acknowledgement Number: RA #

\*Call Tags: Number Required Would you prefer: Emailed Call Tags  FedEx Pickup

Hours Available for Pickup: Enter text.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \*Gerson  Item # | \*Quantity | \*UOM | \*Reason for Claim | Unit Cost | Extended Cost |
|  |  | Select |  |  | $ 0.00 |
|  |  | Select |  |  | $ 0.00 |
|  |  | Select |  |  | $ 0.00 |
|  |  | Select |  |  | $ 0.00 |
|  |  | Select |  |  | $ 0.00 |
|  |  | Select |  |  | $ 0.00 |
|  |  | Select |  |  | $ 0.00 |
|  |  | Select |  |  | $ 0.00 |
|  |  | Select |  |  | $ 0.00 |
|  |  |  |  | Total Cost | $0.00 |

\*Business Account Number: Enter number

\*Business Name: Enter name

\*Business Contact Number: Phone #

\*Business Email: Email Address

**Please note: Returns can only be issued in full sell packs not by each.**

Control + A, F9 to refresh formulas

\*Invoice/Shipment Number: Type number

Invoice Terms: Terms

\*Requestor’s Name: Enter your name \*Date of Request: Today’s date.